

October 11, 2004

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0086-01

CLIENT TRACKING NUMBER: M2-04-0086-01

AMENDED REVIEW

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records from the state of Texas:

- Texas Workers Compensation Commission Notification of IRO Assignment
- Texas Workers Compensation Commission administrative documentation
- Medical Dispute resolution Request/Response
- Table of Disputed Services
- Claim history
- Letter from Texas Mutual, JoAnne Harrison, LVN, 7/2/04
- Letter from Texas Mutual, Margie King, LVN, 7/28/04

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Records from Texas Mutual:

Exhibit 1

- Letter from Texas Mutual, JoAnne Harrison, LVN, 7/2/04
- Letter from Texas Mutual, Margie King, LVN, 7/28/04

Exhibit 2

- Letter from Mike Hisey, MD, 6/29/04
- Referral sheet from The Well Being Group, 6/29/04
- Recommended Services for Medical Treatment Form from Texas Back Institute
- Progress notes, Texas Back Institute, Michael Hisey, MD, 8/13/03, 9/17/03, 3/30/04
- Operative report, 7/31/03
- Operative report, 2/10/03
- Behavioral Medicine Evaluation, 2/5/03
- Lumbar spine CT report, 12/17/02
- Lumbar spine MRI report, 11/15/02
- Operative report, 2/13/98
- Operative report, 2/9/98
- Request for preauthorization and concurrent review form, Texas Mutual, 6/30/04
- Case Summary, Texas Mutual, 9/30/04

Summary of Treatment/Case History:

The claimant is a 37 year-old man who suffered a work related injury on ___, which consisted of a motor vehicle accident involving the limousine he was driving. He suffered spinal injuries and underwent a classical spinal fusion in 1998. This procedure relieved his pain sufficiently for him to return to work for about 4 years. Prior to his initial surgery he underwent psychological testing to evaluate his prognosis for successful outcome. Subsequently his pain has returned and he has had further surgery in 2003 to remove the hardware left from the initial fusion. He continues to have pain, has used various medications to relieve it with no success.

He is noted to have personality issues resulting in observed manipulative behaviors on his part as well as issues with anger management. These observations have led his physician to assess him as unlikely to have any success with further procedures. The patient is also noted to have his own cafe business, which he is able to operate from afar, so it appears that motivation to return to work is affected by significant secondary gain issues. He has had prior psychological evaluations in 2003 prior to the removal of his hardware.

Questions for Review:

1. Would the repeat psychological evaluation requested by Dr. Hisey be medically appropriate?

Explanation of Findings:

1. Would the repeat psychological evaluation requested by Dr. Hisey be medically appropriate?

The finding is that the repeat psychological evaluation requested by Dr. Hisey would not be medically

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appropriate. The claimant has had such an evaluation only one year previously, and there is no reason to suspect a new evaluation would yield significantly different results. Also, Dr. Hisey's clinical assessment is firm, and has been backed up by the claimant's response to previous interventions.

Conclusion – Decision to Not Certify:

Psychological Evaluation is not certified.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association, 1994.

References Used in Support of Decision:

Meyerson AT & Fine, T: Psychiatric Disability: Clinical Legal and Administrative Dimensions, American Psychiatric Press, 1987.

Sadcock BJ & Dadock VA: Comprehensive Textbook of Psychiatry, 7th Edition, Lippincott, Williams & Wilkins, 2000.

The physician providing this review is board certified in Psychiatry and Addiction Psychiatry. The reviewer is a member of the American Medical Association, the American Psychiatric Association, the American Psychoanalytic Association, The American Society for Adolescent Psychiatry and their State Medical and Psychiatric societies. The reviewer has served as an administrator, consultant, assistant clinical professor and Medical Director. The reviewer has been in active practice since 1967.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of

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your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: Texas Mutual Insurance Company